



State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
OFFICE OF EMERGENCY MEDICAL SERVICES  
PO BOX 360  
TRENTON, N.J. 08625-0360  
[www.state.nj.us/health](http://www.state.nj.us/health)

CHRISTINE TODD WHITMAN  
Governor

CHRISTINE GRANT, J.D., M.B.A.  
Acting Commissioner

**EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COUNCIL  
MINUTES OF MEETING  
JANUARY 30, 2001**

**Members Present:** Dr. Frank Briglia, Mr. Jesus Cepero, Dr. Frank Cunningham, Dr. Martin Diamond, Ms. Carolyn Ferrolito, Dr. Anthony Greenberg, Dr. Mary Kamienski, Dr. Ernest Leva, Dr. Al Sacchetti, Mr. Daniel Sullivan, Dr. Thomas Whalen, Mr. Thomas Zarra

**Members Absent:** Ms. Mary Ellen Brock

**Dept of Health & Senior Services** Dr. George DiFerdinando, Ms. Bonnie Anderson, Dr. John Brennan, Mr. William Duffy, Ms. Deborah J. Gottlieb, Ms. Nancy Kelly-Goodstein, Mr. Gerard Muench, Ms. Sue Way

**Visitors/Guests:** Dr. Jeffrey Hammond, Mr. Michael Pante, Mr. John Calabria

Meeting was called to order at 10:15am.

The September minutes were approved as written.

Introduction of those attending.

**CHAIRPERSON'S REPORT**

Pediatric registry and response time for on-call physicians to the Emergency Department. Dr. Briglia reported that he attended the January 18, 2000 Health Care Administration Board (HCAB) meeting to address any concerns the Board might have regarding the registry. The Pediatric Registry was approved and will now need funding and support from both the Department of Health and Senior Services and hospitals.

The proposed on-call physician response time is of 20 minutes by phone and 60 minutes in person is a complex issue representing a number of compromises. At the EMS Council meeting held on September 20, 2000, Dr. Hammond expressed his concern that we compromised too much. The EMS Council then made a motion to have the response time reduced to 30 minutes. The proposal scheduled for presentation to the HCAB on January 18, 2001 was to respond by phone within 20 minutes to discuss the case, and then determine a response time. Ms. Gottlieb then explained that his will apply to all emergency patients, not just children. Dr. Briglia was surprised at the language of the proposal as it differed from that previously discussed.

Dr. Briglia's major concern was that the amended proposal was not brought back to this council. At the HCAB, on January 19, 2001 meeting, this proposal was tabled to the February 2001 meeting. Dr. Briglia stated that this council supported the initial proposal, not the newly revised one.

Ms. Carolyn Ferrolito suggested that the council should discuss the new proposal and arrive at a consensus. The chair should attend all HCAB meetings, so that there will be no disrespect to the work of the council and that it is presented accurately.

Dr. All Sacchetti stated that the amended regulations were not developed as the result of pediatricians having trouble responding to the emergency. The New Jersey Chapter of the American College of Emergency Physicians (ACEP) was concerned over the 20/60 minute response time. The NJ Hospital association was concerned since the rule will apply to the whole hospital.

Dr. Whalen asked Ms. Gottlieb if each clinical department would be required to have a person on call and will it vary depending on the facility? Every hospital has to provide minimum requirements or a transfer agreement. Every hospital will need to develop and maintain a log.

Annually the hospital will review the log. Ms. Gottlieb stated that the licensure enforcement capability would be substantial as every hospital has a biannual inspection, by the Department, during which the log can be reviewed. Additionally, should the Department receive a complaint, the log maybe reviewed.

Dr. Briglia stated that the reason for the proposed regulations is to ensure that a pediatrician be on call to respond to the emergency department.

Dr. Sachetti suggested that the registry would demonstrate any difference, in the way children are treated or the quality of care that's rendered. Routinely across the state the child is so sick that the emergency physician must make all the decisions. The primary concern is the care of the child.

Dr. Hammond stated that the trauma triage guidelines are not regulations. Should the response time be statewide or differentiate between rural or urban hospitals? Our trauma system allows physicians to be on call, and if you are called, you should drop everything and respond. Perhaps cell phones should be used for on-call physicians instead of beepers. Would anyone tolerate a wait of 20 minutes for 911? Dr. Briglia stated that if we are going to make regulations, we need to make them meaningful.

Dr. Greenberg stated that we need to revisit this regulation from the patients perspective. We cannot depend on technology, because, for example, there are pager, and cell phone dead spots in Sussex County. Dr. Leva feels that we need to be strict now and perhaps we can relax later.

Dr. DiFerdinando urged that we look at the new proposal

A Motion was made to accept the current 20/60 regulations as they stand without the recent amendments.

The group then discussed the following issues:

Dr. Leva stated that the total response time should be no longer than 60 minutes. The regulations as written requires that you categorize the consult as emergent or routine.

Dr. DiFerdinando suggested that we could keep the 20/60 recommendation for patients 18 years or under and 20/discuss/decide for the patient greater than 18 years of age. There being further discussions and an amended motion was proposed:

To support the recommended rule of 20/discuss/decide, but to add a ceiling of 60 minutes from the time the emergency call is made for patients 18 years and under.

The motion was approved unanimous.

Ms. Gottlieb stated that the log is an important component. Mr. Cepero feels that the log will be adding an extra step. Dr. Greenberg and Ms. Gottlieb state the proposal will provide more information to the the patient and the family. Dr. Kaminski stated that the emergency department secretary keeps a communications log, who will decide how the log is used? Do hospitals need to keep a separate log?

## **OEMS REPORT**

We received four resumes for the paramedic representative and they have been forwarded to the Commissioners Office. Ms. Ferrolito will follow up with the Association for Children of New Jersey for a parent representative. We have not yet received an official response for our grant application, but we are expecting a response within the next week.

Ms. Susan Way was introduced as the Manager for OEMS. Mr. Muench is responsible for NJ PIES, helicopter/trauma, and EMSC. Ms. Way has 12 years of experience within the Department. Dr. Briglia welcomed Ms. Way.

Dr. DiFerdinando stated that he will speak to the NJ Medical Society and will keep the line of communications open with the council. The chair of the council will be added to the mailing list for the HCAB. Dr. Brennan stated that the grant applications were reviewed in Washington DC. The grant money would go to the Department. Thanks to Doctors Brennan and Sacchetti for their participation in the grant process.

## **NOMINATIONS COMMITTEE**

Dr. Cunningham stated that there were two candidates for the position of chair; Dr. Al Sachetti and Dr. Ernest Leva.

For Vice Chair, only one nomination: Ms. Carolyn Ferrolito. There being no further nominations from the floor, the nominations were closed.

Dr. Sachetti and Dr. Leva briefly introduced themselves to the members present.

Closed ballots were collected by Ms. Nancy Kelly-Goodstein and Dr. Mary Kamienski. Dr. Leva was elected as Chair and Ms. Ferolito was re-elected as vice-chair. (Both terms are for one year).

Mr. William Duffy reported that he is working on the Trauma Registry and requested funding for a proposal to establish the Trauma Registry for the state. Dr. Hammond stated that the trauma registry is much more complex than the proposed Pediatric Registry. In the past, the hospitals had to financially support the Cales Trauma Registry.

The Council voted to have a trauma Representative added to the council. Ms. Ferolito stated that we can amend the EMSC legislation. Ms. Kelly-Goodstein will forward the proposed changes to Ms. Ferolito. Three out of ten trauma centers reported data to National Trauma Registry. It may be inappropriate to care for a pediatric patient in an adult ICU. Only four of the ten trauma centers have pediatric emergency physicians.

## **2001 CONFERENCE**

The 2001 Conference will be held at the Holiday Inn on Tuesday, May 22, 2001. Brochures will be sent out shortly.

## **EMSC**

The National EMSC Conference will be held on June 3-5 in Arlington, VA. AAP informal notice.

## **EMS AWARDS**

A new category for a child, EMS "Star of Life" Youth Award has been added.

## **DIABETIC IN SERVICE**

The Department is working with the Department of Education to offer training to school nurses on April 5 at Middlesex County Fire Academy in Sayreville, on April 11 at University of Medicine and Dentistry of New Jersey in Stratford, and on April 26 at Morristown Memorial Hospital in Morristown.

## **ALS STANDING ORDERS**

The current pediatric standing orders are for children 12 and younger. Ms. Kelly-Goodstein asked if the council would support a change of the age to 8, to be consistent with the use of the semi-automatic external defibrillators. After some discussion, the council's recommendation was to maintain the current standing orders age at 12.

## **BLUE BEAR BRIGADE**

The Junior Leagues is promoting a campaign to supply volunteer first aid squads with the blue bears for pediatric patients once the program is in place. Contact info will be provided.

The Council voted to recognize Dr. Briglia for his leadership and support.

Motion to adjourn!